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Name Change

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COVER LETTER

TO: Registration Section Division of Corporations	·
SUBJECT: Everlast Handyman Securce LLC Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Jason Drennon Name of Person Fuerlast Handyman Securce LLC FirmCompany 1232 Market el un; + 40 Address Pt. Charlotte FL 33952 City/State and Zip Code tchoug64@ yahoo.com ¡E-mail address: (to be used for future annual report notification)	19 · · · · · · · · · · · · · · · · · · ·
For further information concerning this matter, please call:	
Tason Orennon at 941 286-7323 Name of Person Area Code Daytime Telephone Number	H I: 31

Enclosed is a check for the following amount:

\$25.00 Filing Fee

☐ \$30.00 Filing Fee & Certificate of Status

☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee.
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Everlast Handyman	Service LLC
(Name of the Limited Liabylity Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company were filed on 3-5-19 and assigned Florida document number \(\) \(
This amendment is submitted to amend the following:	endment is submitted to amend the following: nending name, enter the new name of the limited liability company here: CSEEN SINGS OF SWFL LLC tame must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" ew principal offices address, if applicable: al office address MUST BE A STREET ADDRESS) ew mailing address, if applicable: and address MAY BE A POST OFFICE BOX) amending the registered agent and/or registered office address on our records, enter the name of the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address
	ility company here:
Screen Kings of SWF/	LLC
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	77. Chartolite FC 33932
Enter new mailing address, if applicable:	3
(Mailing address MAY BE A POST OFFICE BOX)	1
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registered agent and/or the new registered office address ner	<u>-</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida City Zip Code
	Cit CMC

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			☐ Change
			□ Remove
			Change
			Remove
			Change
		·	□ Remove
			Change
			Add
			Remove
			Change
			□ Add
			☐ Remove
			☐ Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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ın efi <u>ote:</u>	ive date, if other than the date of filing: (optional) ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
red The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
ited	March 5 . 2019.
	1000 Dumin
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00